



Office of the State Fire Marshal Licensing Section
8181 Independence Boulevard, Baton Rouge, LA 70806
(225) 925-4911 1-800-256-5452 Fax (225) 925-3699
www.lasfm.org



H. "BUTCH" BROWNING, JR.
STATE FIRE MARSHAL

LIFE SAFETY AND PROPERTY PROTECTION
FIRM APPLICATION

**** All fees are NON-REFUNDABLE ****

Place a check (✓) next to the type of application applying for:

() **Initial** (Fees on Next Page) () **Renewal** () **Revision**
(New or reinstatement)

Reason for Revision (please check one) : () **New Endorsement(s)** () **New Qualifier**

() **Change of address** () **Change in Ownership** () **Change of Firm Name**

PLEASE PRINT ALL & SIGN IN BLUE INK ONLY

Name of Firm:		SFM License #	
Firm's Physical Location:		Firm's Physical City:	State: Zip Code:
Firm's Mailing Address:		Firm's Mailing City:	State: Zip Code:
Firm's Phone Number:	Firm's Phone Number:	Firm's Fax Number:	
Firm's E-Mail Address:			
Name of Firm's Contact Person:		Firm's Parish of Physical Location:	
Firm's Agent of Service and Address: (For out of state Life Safety firms only-Property Protection firms must have a physical office within Louisiana)			

For Office Use Only

Receipt # () Date () Amount () Quantity (
Insurance () Worker's Comp () Affidavit () Background Check Principal (

Please mail completed application, along with the proper attachments, photos and fees to the address listed above.

Name of Firm: _____ License # _____

Place a check (✓) on the left side of the endorsement (license) for which you are applying or renewing:

Check Here	LIFE SAFETY	Initial Fee	Renewal Fee	Check Here	PROPERTY PROTECTION	Initial Fee	Renewal Fee
	Fire Sprinkler	\$500	\$250		Security	\$250	\$50
	Fire Alarm	\$350	\$100		Closed Circuit TV	\$250	\$50
	Fire Alarm (Non-Required)	\$350	\$50		Household Fire	\$250	\$50
	Fire Alarm (Owner)	\$350	\$50		Locksmith	\$250	\$50
	Fixed Fire Suppression	\$350	\$100		Door Hardware	\$250	\$50
	Pre-Engineered	\$350	\$100		Door Hardware Consultant	\$250	\$50
	Kitchen Suppression	\$350	\$50		Bank Locking	\$250	\$50
	Fire Extinguishers & Hoses	\$350	\$150		Detention Locking	\$250	\$50
	DOT Hydrostatic Testing	\$350	\$50		Special Locking (Electronic Locking Systems)	\$250	\$50
					Gate Systems	\$250	\$50

Questions

- Has your firm ever been licensed with another agency or in another state for the same endorsement for which you are currently applying? () Yes () No If yes, please explain:
- Has your firm, owner, principal or officer ever had any administrative or disciplinary action, in relation to the firm's license, (including but not limited to a fine, warning, suspension or revocation) taken against it by any federal, state or local authority?
() Yes () No If yes, please explain:
- Has your firm, owner, principal or officer ever been denied a license, for any reason, by federal, state or local authority? () Yes () No If yes, please explain:

Answer this question if you are applying for a Property Protection License

- Have any owners/officers been convicted of a felony, received a first time offender pardon for a felony or entered a plea of guilty or nolo contendere on any felony charged? () Yes () No
If yes, please explain:

NOTE: If additional space is needed to answer questions, please attach a separate sheet of paper.

Name of Firm: _____ License # _____

Please fill out the name and license number of the designated qualifier for the firm next to each endorsement type. A qualifier is needed for all endorsements that the firm carries. A firm can have multiple qualifiers for each endorsement. The designated qualifier for all endorsement types MUST live within 150 miles from the office in which he/she qualifies. Any additional qualifiers can be added to the back of this form.

Life Safety Endorsements	Name	License #
Fire Sprinkler		
Fire Alarm		
Fire Alarm (Non-Required)		
Fire Alarm Owner		
Fixed Fire Suppression		
Pre-Engineered		
Kitchen Suppression		
Fire Extinguishers/Hoses		
DOT Hydrostatic Testing		
Property Protection Endorsements	Name	License #
Security		
Closed Circuit Television		
Locksmith		
Door Hardware Consultant		
Door Hardware		
Bank Locking		
Detention Locking		
Special Locking		
Gate Systems		

Name of Firm: _____ License # _____

Ownership of Firm:

Check and complete the section below that applies to your company. In the case of partnerships and corporations, all partners, principals and officers personal information must be shown. A principal is defined as one who holds an office in the corporation, is a board member or holds at least 5% interest in the company.

Place a check (✓) next to the type of firm's Ownership: () Corporation/LLC () Partnership () Individual

CERTIFICATION

I certify and declare that all information contained in this application is true and correct and that I have read and understood its contents. I also understand that any willful omission or falsification of pertinent information required in this application is justification for the denial, suspension and/or revocation of my firm's license.

I hereby certify and declare that the firm's licensed employees are W-2 paid. I understand that any willful omission or falsification of pertinent information is justification for denial, suspension or revocation of firm's & employee's license by the Office of the State Fire Marshal. (R.S. 40:1664.6(A-H) and 1664.7(A-E))

I hereby certify by signature below that I have not been convicted of a felony, received a first time offender pardon for a felony or entered a plea of guilty or nolo contendere on any felony charge. I also by signature below authorize the Office of the State Fire Marshal to make a criminal records check using identifying information provided in this application and hereby waive any privacy interests in that information for the limited purposes of this application.

- ❖ Life Safety license endorsements are not subject to background checks.
- ❖ Also, include a copy of all principals driver's license.
- ❖ Signatures of all principals are still required.
- ❖ Property Protection firms must have a physical office within Louisiana.

PLEASE SIGN IN BLUE INK ONLY!

****All principals must sign & date and if the firm holds a Property Protection endorsement, MUST also fill out all of the personal information. Also, include a copy of principal's driver's license. For more than (3) principals, please use the back of this sheet.**** If you are a principal of a Life Safety firm, you do not have to provide your social security number on this form.

Principal (Print Name)				
Signature				
Date of Signature				
SSN				
Date of Birth				
Driver's Lic. # /State of Lic.				
Race/Gender				
Office use only: Background Check				

All Owners, Partners, Officers and/or Principals Must Sign.
Additional signatures can be made on back of this sheet of paper.



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

OFFICE OF THE STATE FIRE MARSHAL



H. "BUTCH" BROWNING, JR
STATE FIRE MARSHAL

AFFIDAVIT FOR OWNER QUALIFIER

I hereby certify and declare that I am an owner or principal of the firm listed below and I live within 150 miles of the office for which I qualify:

(Name of Firm)

Please place a check on the left side of all the endorsement(s) that you qualify:

- | | | | |
|----------------------------------------------------|--------------------------------------------------|-----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Fire Sprinkler Designer | <input type="checkbox"/> Pre-Engineered | <input type="checkbox"/> Security | <input type="checkbox"/> Bank Locking |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Kitchen Suppression | <input type="checkbox"/> Household Fire | <input type="checkbox"/> Special Locking |
| <input type="checkbox"/> Fire Alarm (Non-required) | <input type="checkbox"/> Fire Extinguisher/Hoses | <input type="checkbox"/> CCTV | <input type="checkbox"/> Detention Locking |
| <input type="checkbox"/> Fire Alarm (Owner) | <input type="checkbox"/> DOT Hydrostatic Testing | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Gate Systems |
| <input type="checkbox"/> Fixed-Fire Suppression | | <input type="checkbox"/> Door Hardware | <input type="checkbox"/> Door Hardware Consultant |

Furthermore, I shall not be affiliated with any other firm, as a qualifier, in my fire marshal licensed capacity as long as I own or I am a principal of the aforementioned firm. I will provide direct supervision of the firm's employees by routinely engaging in and regularly reviewing the daily life safety and property protection activity of the employees of the firm as long as I am employed as a qualifying employee.

Thus done and signed on the _____ day of _____, 20____.

(Name of Qualifier)

(Signature of Qualifier)

(Name of Owner)

(Owner's Signature)

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

OFFICE OF THE STATE FIRE MARSHAL



H. "BUTCH" BROWNING, JR
STATE FIRE MARSHAL

**AFFIDAVIT
FOR
EMPLOYEE QUALIFIER**

I hereby certify and declare that I am a paid employee of the firm listed below and I live within 150 miles of the office for which

I qualify:

(Name of Firm)

Please place a check on the left side of all the endorsement(s) that you qualify:

- | | | | |
|----------------------------------------------------|--------------------------------------------------|-----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Fire Sprinkler Designer | <input type="checkbox"/> Pre-Engineered | <input type="checkbox"/> Security | <input type="checkbox"/> Bank Locking |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Kitchen Suppression | <input type="checkbox"/> Household Fire | <input type="checkbox"/> Special Locking |
| <input type="checkbox"/> Fire Alarm (Non-required) | <input type="checkbox"/> Fire Extinguisher/Hoses | <input type="checkbox"/> CCTV | <input type="checkbox"/> Detention Locking |
| <input type="checkbox"/> Fire Alarm (Owner) | <input type="checkbox"/> DOT Hydrostatic Testing | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Gate Systems |
| <input type="checkbox"/> Fixed-Fire Suppression | | <input type="checkbox"/> Door Hardware | <input type="checkbox"/> Door Hardware Consultant |

Furthermore, I shall not be affiliated with any other firm, as a qualifier, in my fire marshal licensed capacity as long as I am employed by the aforementioned firm. I will provide direct supervision of the firm's employees by routinely engaging in and regularly reviewing the daily life safety and property protection activity of the employees of the firm as long as I am employed as a qualifying employee.

Thus done and signed on the _____ day of _____, 20____.

(Name of Qualifier)

(Signature of Qualifier)

(Name of Owner)

(Owner's Signature)

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H. "BUTCH" BROWNING, JR.
STATE FIRE MARSHAL

VEHICLE REGISTRATION FOR OUT OF STATE FIRMS

FIRM NAME: _____ **LICENSE#** _____

Title 55 PUBLIC SAFETY Part V. Fire Protection Chapter 31. Fire Sprinkler Systems and/or Equipment and Fire Hose Rules

Marking of Vehicles. All service vehicles owned or operated by firms or their employees used for regulated activities, as defined by R.S. 40:1664.1 et seq., and these rules shall have the firm name and firm certificate number permanently inscribed, painted, stenciled or affixed by magnetic means on such vehicles. Such markings shall be a minimum of 2 1/2 inches in height and not less than 1/4 inch in width. Letters and numbers shall be on a contrasting background and be conspicuously seen from the outside of the vehicle.

For out of state firms, include a list of all vehicles which shall come into this state to conduct activity regulated by R.S. 40:1664.1 et seq., and these rules. The list shall include the vehicle's make, model, year and license number.

Registration Certification is \$20.00 per vehicle. This is required of new firms and renewals of all out of state firms. If you need additional space please use back of page. This fee may be added to your renewal fees.

Vehicle's Make	Vehicle's Model	Vehicle's Year	Vehicle License #

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BOBBY JINDAL
GOVERNOR

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STATE FIRE MARSHAL

All firms, please attach a copy of your service tags to the front and back of this form and submit with the firm application. This includes, blue, green, yellow, red and installation tags.

Name of Firm: _____ **SFM License #** _____

FIRM CHECK LIST

*****Please use the new applications that can be found on our website.*****

*****Licenses are to be renewed on or before the expiration date.*****

NOTE: If ALL items, pertaining to your firm, on this list are not submitted with the required fees, then it will be returned to the firm and you will have to resubmit.

Please see our website, listed below, for more information on the check list items.

- ☐ Completed Firm Application on new application with current **E-mail address** listed for the firm.
- ☐ Signatures of owners/principals on Firm Application
- ☐ \$500,000 General Liability insurance certificate faxed or mailed from insurance agent
- ☐ Worker's Compensation insurance certificate faxed or mailed from insurance agent
- ☐ Copy of current/valid driver's license of **ALL** Principal/Owner(s) of the firm
- ☐ Copy of current NICET certificate or certificate of completion results for all requirements of applicants and/or qualifiers
- ☐ The qualifier of each endorsement must fill out an affidavit. It does NOT need to be notarized. If you are the owner of the firm & the qualifier, then **JUST** fill out the owner qualifier page. If you are an employee qualifier, then just fill out the employee qualifier page.
- ☐ Send Only **ONE** Company Check or Money Order, made out to the Office of the State Fire Marshal, for the firm and all employee applications (Please DO NOT staple check to application)
- ☐ **ALL** firms shall send a sample of each color service tag (blue, green, yellow & red), white installation tag and 6 yr./hydro test label with the application. (form attached to new application)
- ☐ Vehicle Registration for out-of-state Fire Protection & Sprinkler Firms (form attached to new application)
- ☐ **ALL Property Protection firm** principals/owners and employees must send in a fingerprint card, background check form and **check in the amount of \$40.75 made payable to the Department of Public Safety for each background check.**

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